|  |  |  |
| --- | --- | --- |
| **Texas Workforce Solutions logo** | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Acknowledgement for Noncertified Interpreter** |
| Customer name: | | |
| Case ID number: | | |
| Name of noncertified interpreter or college or university: | | |
| The individual or college or university named above is and/or utilizes a noncertified interpreter; however, I understand and agreej to using this noncertified interpreter(s) to provide communication access services effectively, accurately, and impartially, bothl receptively and expressively, using all necessary specialized vocabulary. I consent to use this noncertified interpreter(s)l to provide communication access services to me except in Medical, Legal, or Psychiatric settings. l | | |
| Customer’s printed name: | | |
| Customer’s signature:  **X** | | |
| Date of signature: | | |
| As the customer, I understand that I may revoke this consent in writing at any time after signing it. | | |